

Geisinger

July 20, 1993

U.S. Nuclear Regulatory Commission
Attn. Regional Administrator
Region I Office
475 Allendale Road
King of Prussia, Pa. 19406-1415

Licensee: Geisinger Medical Center, Danville, Pa. 17822
License: 37-01421-04
Subject: Second Response to Patient Notification Inquiry

Dear Sir,

In a letter to the NRC dated June 11, 1993, we responded to an NRC inquiry which asked us to confirm that two patients who were involved in misadministrations at this facility in 1990 and 1991 were notified as per 10 CFR 35. I received a telephone call from Mr. Jim Dwyer of your office on July 16, 1993 regarding that letter. He stated that the NRC had made an error in identifying the date and license number relative to one of the misadministrations they were interested in at our facility. He requested that I forward additional information relative to an incident which occurred on 2/22/90 under the license number referenced above.

The details of this misadministration were reported to the NRC in a document dated 2/28/90. The referring physicians in this case were notified of the incident on 2/23/90. The patient notification was completed on March 26, 1990, as described in the attachments. If there are any further questions, please call the Radiation Safety Office at (717) 271-5917

Sincerely,

CATHERINE M. ANDERKO
Catherine M. Anderko
Radiation Safety Officer

Deborah Watson
Deborah Watson
Administrative Director of Operations

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REG 011

IE:07

Geisinger Medical Center
Danville, Pennsylvania 17822
(717) 271-6211

Notification of Referring Doctors:

The authorized user notified the referring doctors (Ellison & Gallagher) on 2/21/90 of the misadministration. A detailed conference among the three (3) doctors took place in the Medical Oncology library at 4:19 p.m.

Dr. Ellison felt that more harm than good would result if we were to inform the patient now of the extra treatments received. He was in favor of having the notification done by the radiation oncologist at the time of the patient's follow-up visit at the radiotherapy department in one month from completion of radiotherapy course.

Dr. Gallagher, on the other hand, expressed the opinion that the patient be told as soon as possible.

The authorized user elected not to inform the patient at the present time in view of above, and also because the patient was discharged from the hospital after his treatments were done on 2/22/90. A one month return appointment was scheduled, at which time the undersigned will inform the patient and/or family of the misadministration.

Nita C. Natividad, M.D.
Associate, Radiation Medicine

NCN/gr
I: 2/28/90

CC: Dr. Ellison
Dr. Gallagher
Dr. L. O'Rourke
Dr. Beiler
Dr. Royer
Kathy Zimmerman
Radiation Safety Officer
Quality Assurance Dept.
QA - Radiology Dept.
Risk Management

CLINIC NOTES

DEPARTMENT OF RADIATION MEDICINE
FOLLOW-UP REPORT

This patient was seen on March 26, 1990, for follow-up of diffuse large cell lymphoma to the kidney, metastatic to bones. It is to be noted that this patient was scheduled for a follow-up on March 22, 1990, but the patient canceled that appointment. This patient completed a palliative course of radiotherapy treatments to the lumbar spine and the right hip completed on February 22, 1990. He presented with a malignant spinal cord compression as well as metastatic disease to the right hip. He was recently hospitalized for right-sided pneumonia of unknown etiology.

The patient appears to be doing well. He claimed significant improvement of his symptoms of leg weakness as well as back pain and right hip pain. The family, who accompanied the patient today, namely, the wife and a daughter, claimed that the patient can walk for short distances which he was unable to do prior to the treatments. The patient denies having any nausea, vomiting, diarrhea, abdominal pain, or urinary or bowel problems. His main complaint is shortness of breath. The patient is eating better and feels stronger.

EXAMINATION: No spine tenderness was elicited in the flank or in the lumbar region. The left leg weakness has resolved. He does have some mild trace of pretibial edema. No hepatomegaly was noted. Further examination of the abdomen failed to reveal any areas of tenderness or masses.

The patient and the family were made aware and informed of the four extra treatments that were delivered to the lumbar region. They were made aware of the circumstance of how it happened. They were also informed of the possible side effects in the future from those treatments. They were encouraged to ask questions and most of the questions were answered to their satisfaction. It is to be noted that the nurse specialist was present during the examination and the discussion.

The patient's follow-up will be discharged to the care of the referring medical doctors in view of the patient being treated or having started chemotherapy. We will be glad to see the patient in our department as requested.

Thank you for allowing us to participate in his care.

Nita C. Natividad, M.D.

NCN/bt
d&t: 3/27/90

cc: Neil M. Ellison, M.D. (20-01)
James G. Gallagher, M.D. (20-01)